

FROM: McANDREWS, HELD, & MALLOY

(MON) 5. 1'06 15:49/ST. 15:23/NO. 4861050701 P 1



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TO: Examiner Marceau Milord
Group Art Unit 2682

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772

MATTER: 15285US06

Number of Pages This Transmission (Including Cover Page): 9

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A handwritten signature of Michael T. Cruz in black ink, followed by a horizontal line.
Michael T. Cruz
Reg. No. 44,636

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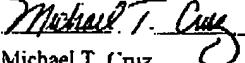
TRANSMITTAL FORM		Application Number	09/698,550
		Filing Date	October 27, 2000
		First Named Inventor	Shervin Moloudi
		Art Unit	2682
		Examiner Name	Marceau Milord
Total Number of Pages in This Submission	8	Attorney Docket Number	15258US06

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ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (4 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks	Extension of Time Request (1 Page Each) is filed in Duplicate.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Michael T. Cruz		
Date	May 1, 2006		

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Marceau Milord at the United States Patent and Trademark Office at (371) 273-8300 on May 1, 2006.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature		Date	May 1, 2006

FROM McANDREWS, HELD, & MALLOY

(MON) 5. 1' 06 15:49/ST. 15:23/NO. 4861050701 P 3

PTO/SB/17 (01-08)

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Fees pursuant to the consolidated Appropriates Act 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

 Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Small Entity Fee(\$)	Fee (\$)
-20 or HP	x	=		50	25

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
-3 or HP	x	=		200	100	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for One-Month Extension of Time (\$120)

120.00

SUBMITTED BY

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz		Date	May 1, 2006	